



State of Arizona

Acupuncture Board of Examiners

1400 West Washington, Suite 230

Phoenix, AZ 85007

Telephone (602) 542-3095 • Fax (602) 542-3093

OFFICE USE ONLY

PUBLIC INFORMATION REQUEST

This document represents the verified statement that _____ submitted
(Name of requesting party)

to the State of Arizona Acupuncture Board of Examiners on ____/____/____, a request that the agency provide a copy or other reproduction of certain public records as specified below:

Specify records requested: (limit of 3 items per request)

1. _____
2. _____
3. _____

Signature of requestor: _____ Daytime Phone # _____

Complete Address of Requestor:

E-Mail Address: _____

These records will be used for: ☐ Commercial purposes ☐ Non-commercial purposes

(If records are to be used for commercial purposes, specifically state those purposes below.)

FOR STAFF USE ONLY:

| | | | |
|------------------------|---------|---------------|-----------------|
| Date Request Received: | Amount: | Check Number: | Receipt Number: |
| | | | |

PUBLIC INFORMATION 2008 FEE SCHEDULE:

- | | | |
|----|---|---------------------------------|
| 1. | Copies of records, documents, letters, minutes, applications and files: | 25 cents per page |
| 2. | Copies of current year board meeting minutes: | \$25.00 for each set of minutes |
| 3. | Sale of lists and directories for commercial purposes: | \$50.00 |